1. PLACE OF BIRTH	ARIZONA STATE B BUREAU OF VIO STANDARD CERTIF	COARD OF HEALTH	State File No	
County Galle District or Township City Glade  2. Pull name of child Janus	Edward Us	or Village	St. Warreits NAME instead of street and number  { If child is not yet named, mak supplemental report, as directed	• 1
3. Sex of Child To be answered ONI in event of plural births.  8. FATHER Full name Robert James	5. No., in order of birth.	uea "	of birth July 11, 1932 Mother Day Year MOTHER Lua agres White	<del>-</del>
9. Residence (Usual place of abode)  If non-resident, give place and state.  10. Color or race  White  11. Age at	oble. Oriz : aat birihday3.7. (Years)	15. Residence (Usual place of abode)  If non-resident, give place  16. Color or race	Alohe are and state. Dir.	<u>•)</u>
12 Rirthniace (city or place)	hausas.	18. Birthplace (city or place (State or country)  19. Occupation Nature of industry	Al Seatt Kansas.	
20. Number of children of this mother.  (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive a	nd now living 2 ut now dead 2	it. Were precautions taken against opt thalmis neonatorum?	=
I hereby certify that I attended the birti  * When there was no attending physic or midwife, then the father, household cite, should make this return. A still be child is one that neither breathes shows other evidence of life after big	son Signature	Bon sive or the day	(2:35 P.m. on the date above states	<b>d.</b>
Given name added from a supplemental report Month, day  Regis	, year Filed 5	Box 636 91	E Washing to	20

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MÁRUIN RESERVED FOR BINDÍNG